

**State of Minnesota**

County \_\_\_\_\_

**District Court**

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Other Civil

\_\_\_\_\_,  
Petitioner

vs.

**Affidavit of Service**

Commissioner of Public Safety,  
Respondent

STATE OF MINNESOTA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )  
(County where *Affidavit* signed)

I, \_\_\_\_\_, being sworn, state that I am at least  
(Name of person who mailed documents)  
18 years of age having been born on \_\_\_\_\_, and that on  
(Date)  
\_\_\_\_\_, I served the attached documents: Petition for Court  
Hearing for Reinstatement of Driver’s License upon the Commissioner of Public Safety, the  
respondent in this action, by mailing a true and correct copy of the documents by first class  
U.S. mail addressed as follows:

Minnesota Attorney General  
Commissioner of Public Safety  
445 Minnesota Street, Suite 1800  
St. Paul, MN 55101

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature (Sign only in front of notary public or court administrator)

Name: \_\_\_\_\_

Sworn/affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_,

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator

Telephone: ( ) \_\_\_\_\_